Complete if Known Substitute for form 1449/PTO Application Number 10/553,022-Conf. #6687 INFORMATION DISCLOSURE October 11, 2005 Filing Date STATEMENT BY APPLICANT First Named Inventor Angela Speith-Herfurth Art Unit 1794 (Use as many she ets as necessary) C. Y. Huang Examiner Name 05581-00141-US of Sheet Attorney Docket Number

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Examiner	Cite	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages or Relevant	
Initiais*	No.1	Number-Kind Code <sup>2</sup> ( if known) MM-DD-Y	MIN-DD-1111	Applicant of Cited Document	Figures Appear	
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		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (In CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journ al, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
			<u> </u>

Examiner	Date	
Signature	 Considered	

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